

APR 27 2004

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/633,694
Filing Date	August 5, 2003
First Named Inventor	Jeffrey A. Anderson
Art Unit	3637
Examiner Name	

Attorney Docket Number 14917.0002

ENCLOSURES (Check all that apply)

- | | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
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| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm or Individual name STEPTOE & JOHNSON LLP
Harold H. Fox, Reg. No. 41,498

Signature

Date

4-27-04

CERTIFICATE OF TRANSMISSION/MAILING

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APR 27 2004

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
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**REVOCA^{TION} OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/633,694
Filing Date	August 5, 2003
First Named Inventor	Jeffrey A. Anderson
Art Unit	3637
Examiner Name	
Attorney Docket Number	14937.0002

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 27890

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	STEPTOE & JOHNSON LLP				
Address	Attn: Docket Administrator - Box USPTO				
Address	1330 Connecticut Avenue, NW				
City	Washington	State	DC	Zip	20036
Country	United States of America				
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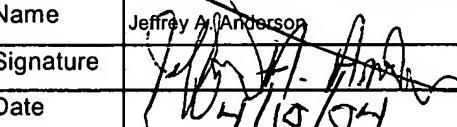
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jeffrey A. Anderson		
Signature			
Date	10/10/04	Telephone	312-350-0846

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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